

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005465

FILED
Jan 25, 2011
Secretary of State

Entity Name: TUSCANY COURT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3800 AGUALINDA BLVD.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P O BOX 1848
FORT MYERS, FL 33902

New Mailing Address:

FEI Number: 90-0292182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GIANNELLI, ADRIENNE
Address: 3724 AGUALINDA BLVD. #101
City-St-Zip: CAPE CORAL, FL 33914

Title: VD
Name: BILLINGS, GLENN
Address: 3800 AGUALINDA BLVD #303
City-St-Zip: CAPE CORAL, FL 33914

Title: TD
Name: LOHR, GARY
Address: 100 TROY STREET
City-St-Zip: SENECA FALLS, NY 13148

Title: D
Name: CUNNICK, JOHN
Address: 3724 AGUALINDA BLVD. #104
City-St-Zip: CAPE CORAL, FL 33914

Title: SD
Name: DUTKA, JACQUELINE
Address: 3800 AGUALINDA BLVD. #201
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADRIENNE GIANELLI

PD

01/25/2011

Electronic Signature of Signing Officer or Director

Date